

STATE OF UTAH
DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING
APPLICATION FOR LICENSURE
PHYSICAL THERAPIST

DOPL-AP-006 REV 12/08/2003

APPLICATION INSTRUCTIONS AND INFORMATION

General Statement: The Division desires to provide courteous and timely service to all applicants for licensure. To maximize its efficiency and level of service, the Division will process complete applications only. **A complete application includes all applicable supporting documents and fees.** The fees are for processing your application and will not be refunded. Failure to complete the application and supply all necessary information will delay processing and could result in denial of licensure. Please read all instructions carefully.

Address of Record: The address listed on the application will be your address of record. All correspondence from the Division will be sent to that address. It is your responsibility to directly notify the Division of any change in address.

Social Security Number: Your social security number is classified as a private record pursuant to Title 63, Chapter 2, Utah Government Records Access and Management Act (GRAMA). It is used as an individual identifier for our licensing database and for purposes of the child support enforcement pursuant to Subsection 78-32-17(3) and is mandatory pursuant to Subsection 58-1-301(1), Utah Code Ann., which implements the requirements of 42 U.S.C. 666(a)(13). An application that does not include a social security number is incomplete and cannot be processed.

SUPPORTING DOCUMENTS AND FEES:

If you are applying to take the National Physical Therapy Examination (NPTE), complete the following, in addition to submitting a completed application:

1. Submit an original copy of your college transcript or an original letter from the dean of the Physical Therapy Education Department documenting graduation from a physical therapy education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

OR

If you are a foreign educated applicant and have not completed a CAPTE accredited physical therapy education program, submit the original letter from the Foreign Credentialing Commission on Physical Therapy (FCCPT) documenting that your foreign

education is equal to a CAPTE accredited program and documentation that you are licensed as a physical therapist from the country where you completed your physical therapy education program. **If you are foreign educated, see “Additional Important Information” (#4) below for more details on meeting the educational requirement.**

2. Submit a completed take-home Utah Physical Therapy Law Examination. (See page 11.)
3. Submit a completed “FSBPT Application Form for Computerized Testing” (attached to this application).
4. At the time you submit your complete license application and fee to the Division, register for the NPTE and pay the NPTE examination fee by credit card via the FSBPT (Federation of State Boards of Physical Therapy) Internet site at www.fsbpt.net/pt.
5. Submit a **\$70.00** non-refundable application-processing fee, made payable to “DOPL.”

If you have already passed the NPTE in another state, complete the following:

1. Direct FSBPT to send your test score directly to the Division.
2. Submit an original copy of your college transcript documenting graduation from a physical therapy education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

OR

If you are a foreign educated applicant and have not completed a CAPTE accredited physical therapy education program, submit the original letter from the Foreign Credentialing Commission on Physical Therapy (FCCPT) documenting that your foreign education is equal to a CAPTE accredited program and documentation that you are licensed as a physical therapist from the country where you completed your physical therapy education program. **If you are foreign educated, see “Additional Important Information” (#4) below for more details on meeting the educational requirement.**

3. Submit a completed take-home Utah Physical Therapy Law Examination. (See page 11.)
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ADDITIONAL IMPORTANT INFORMATION:

1. **Law and Rules Exam:** Enclosed with this application is the take-home Utah Physical Therapy Law Exam. Return the completed examination with your application for licensure. Do not submit it separately.

The following laws and rules are available on the Internet at www.dopl.utah.gov:

- ☐ Division of Occupational & Professional Licensing Act
- ☐ General Rules of the Division of Occupational & Professional Licensing
- ☐ Physical Therapist Practice Act
- ☐ Physical Therapist Practice Act Rules

You may also purchase the laws and rules for a fee from Experior, 5486 South 1900 West, Suite C, Taylorsville, Utah 84118, (801) 355-5009.

Additionally, the American Physical Therapy Association “Code of Ethics” and the “Guide for Professional Conduct” is on the Internet at www.apta.org.

2. **Current Documents:** Applications, statutes and rules may change from time to time. If you have not recently obtained any of these documents, you may want to contact the Division or visit our Internet site to verify that you have current versions.
3. **The National Physical Therapy Examination (NPTE):** In order to be approved to take the NPTE, submit the “FSBPT Application Form for Computerized Testing” to the Division along with your complete license application and fee.

At the same time you submit your license application and fee to the Division you must register for the NPTE and pay the examination fee by credit card via the FSBPT Internet site: www.fsbpt.net/pt.

FSBPT: 509 Wythe St, Alexandria, VA 22314-1917, 1-800-881-1430, fax 800-981-3031

Approximately 2 to 4 weeks after you submit your complete license application and fee to the Division, registered directly with FSBPT, and pay the NPTE examination fee, you will receive a packet of examination information and instructions on how and where to take the NPTE.

After taking the NPTE, FSBPT will submit your test scores to the Division. If you passed the NPTE, the Division will issue your license. If you failed the NPTE, the Division will send you notice of your failing score, and you will then be permitted to re-register with FSBPT via the Internet to retake the examination.

You may apply to take the FSBPT during the final semester of your CAPTE accredited program. In order to do so, you must submit, along with your complete license application, a letter from the dean of your college or university stating that you are

currently enrolled in the last semester of a CAPTE accredited program. If you choose to take the exam in your final semester, be advised that it is your responsibility to submit documentation of graduation to the Division before your license will be issued. The Division will not send you a reminder. Also be advised that it is a criminal violation of statute to engage in the practice of physical therapy without first becoming licensed. Passing the examination does not entitle you to practice or engage in physical therapy.

4. **Foreign Educated Applicants:** If your physical therapy education was obtained in a foreign country and you are licensed in the foreign country where you obtained your education, you must contact the Foreign Credentialing Commission on Physical Therapy (FCCPT) at the address below to have your education evaluated to determine if the education is equal to a CAPTE accredited physical therapy program.

FCCPT: PO Box 25827, Alexandria, Virginia 22313-9998, (703) 684-8562

You must have your foreign education evaluated by FCCPT before submitting an application to the Division. Additionally, you should only submit your application if FCCPT determines that your education is equal to a CAPTE accredited physical therapy program.

If FCCPT determines that your education is not equal to a CAPTE accredited physical therapy program, do not submit an application to the Division until you meet the educational requirements listed in this application. If your education is not CAPTE equivalent, you will be denied licensure, and you will likely have to reapply and repay the fees once you meet the educational requirements.

5. **Transcripts:** The Division will accept the original copy of the transcripts released directly to the applicant. Submit the original copy of your transcripts with your license application. Do not send the transcripts separately.
6. **Temporary Licenses:** Utah does not issue a temporary physical therapist license.
7. **License Renewal:** All PT licenses expire on May 31 of each odd-numbered year.

Unlike many other states, Utah's license renewal schedule **is not** based on the licensee's date of initial licensure. Under Utah's renewal system, all licenses in each profession expire as a group on the same day every two years. Therefore, the length of a licensee's first renewal cycle depends on how far into the current renewal cycle initial licensure was obtained. Each renewal cycle thereafter is for a full two years.

Additionally, the fee paid with this application for licensure is an application-processing fee only. It does not include a renewal fee. Each licensee is responsible to renew licensure **PRIOR** to the expiration date shown on the current license. Renewal information is disseminated to each licensee at the licensee's last known address, as provided to the Division, approximately two months prior to the expiration date shown on the license.

8. **Updating Address Information:** It is a licensee's responsibility to maintain a current address with the Division. If your address is incorrect, you will not receive renewal notices or other correspondence.
9. **Name Change:** If you have been licensed by the Division under any other name, please submit documentation of your name change such as a copy of your marriage license or divorce decree.
10. **Mail Complete Application to:**

By U.S. Mail

Division of Occupational & Professional Licensing
P.O. Box 146741
Salt Lake City, Utah 84114-6741

By Delivery or Express Mail

Division of Occupational & Professional Licensing
160 East 300 South, 1st Floor Lobby
Salt Lake City, Utah 84111

11. **Telephone Numbers:** (801) 530-6628

(866) ASK-DOPL – Toll-free in Utah
(866) 275-3675
12. **Fax Number:** (801) 530-6511

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APPLICATION FOR LICENSURE

GENERAL INFORMATION

License Applying For: PHYSICAL THERAPIST

Social Security Number: _____

Last Name: _____ Maiden Name: _____

First Name: _____ Middle Name: _____

Have You Ever Held A Utah License Before? Yes _____ No _____

If Yes, Name of Profession: _____

If Yes, License Number: _____

Gender (Male or Female): _____ Date of Birth: _____

MAILING ADDRESS:

Street: _____

City: _____ State: _____ Zip: _____

County: _____ Telephone: _____

DO NOT WRITE IN THIS SECTION - FOR DIVISION USE ONLY

License/Certificate Number: _____

Date License/Certificate Approved: _____

Approved By: _____

Date License/Certificate Denied: _____

Denied By: _____

Reason For Denial/Other Comments: _____

PHYSICAL THERAPIST QUALIFYING QUESTIONNAIRE

Answer “yes” or “no” for each question. Do not leave any question blank.

1. _____ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under any name other than the name listed on this application?
2. _____ Have you ever been denied the right to sit for a licensure examination?
3. _____ Have you ever had a license, certificate, permit, or registration to practice a regulated profession denied, conditioned, curtailed, limited, restricted, suspended, revoked, reprimanded, or disciplined in any way?
4. _____ Have you ever been permitted to resign or surrender your license, certificate, permit, or registration to practice in a regulated profession while under investigation or while action was pending against you by any health care profession licensing agency, hospital or other health care facility, or criminal or administrative jurisdiction?
5. _____ Are you currently under investigation or is any disciplinary action pending against you now by any licensing agency?
6. _____ Is any action related to your conduct or patient care pending against you now at any hospital or health care facility?
7. _____ Have you ever had rights to participate in Medicaid, Medicare, or any other state or federal health care payment reimbursement program denied, conditioned, curtailed, limited, restricted, suspended, or revoked in any way?
8. _____ Have you ever been permitted to resign from Medicaid, Medicare, or any other state or federal health care payment reimbursement program while under investigation or while action was pending against you by any licensing agency, hospital, or other health care facility, or criminal or administrative jurisdiction?
9. _____ Is any action pending against you now by Medicaid, Medicare, or any other state or federal health care payment reimbursement program?
10. _____ Is any action pending against you now by either the Federal Drug Enforcement Administration or any state drug enforcement agency?
11. _____ Have you been named as a defendant in a malpractice suit?

(Questions continue on following page.)

12. _____ Have you ever had office monitoring, practice curtailments, individual surcharge assessments based upon specific claims history, or other limitations, restrictions, or conditions imposed by any malpractice carrier?
13. _____ Have you ever had any malpractice insurance coverage denied, conditioned, curtailed, limited, suspended, or revoked in any way?
14. _____ If you are licensed in the occupation/profession for which you are applying, would you pose a direct threat to yourself, to your patients or clients, or to the public health, safety, or welfare because of any circumstance or condition?
15. _____ Have you ever been declared by any court of competent jurisdiction incompetent by reason of mental defect or disease and not restored?
16. _____ Have you ever been terminated from a position because of drug use or abuse?
17. _____ Are you currently using or have you recently (within 90 days) used any drugs (including recreational drugs) without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law?
18. _____ Have you ever used any drugs without a valid prescription, the possession or distribution of which is unlawful under the Utah Controlled Substances Act or other applicable state or federal law, for which you have not successfully completed or are not now participating in a supervised drug rehabilitation program, or for which you have not otherwise been successfully rehabilitated?
19. _____ Have you ever had a documented case in which you were involved as the abuser in any incident of verbal, physical, mental, or sexual abuse?
20. _____ Have you ever been **arrested for or charged with** a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
21. _____ Have you ever been **arrested for or charged with** a felony in any jurisdiction?
22. _____ Have you ever pled guilty to, no contest to, or been convicted of a misdemeanor in any jurisdiction? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
23. _____ Have you ever pled guilty to, no contest to, or been convicted of a felony in any jurisdiction?

(Questions continue on following page.)

24. _____ Have you ever been allowed to plea guilty or no contest to any criminal charge that was later dismissed (i.e. plea in abeyance or deferred sentence)?
25. _____ Have you ever been incarcerated for any reason in any federal, state or county correctional facility or in any correctional facility in any other jurisdiction?

If you answered “yes” to questions 20, 21, 22, 23, 24, or 25 above, you must include with your application a copy of the police report, court docket, any probation/parole officer report, and a narrative of the circumstances that occurred for EACH and EVERY arrest and/or conviction.

If you are unable to obtain any of the records required above, you must submit documentation on official letterhead from the police department and/or court indicating that the information is no longer available.

If you answered “yes” to any of the above questions, enclose with this application complete information with respect to all circumstances and the final result, if such has been reached.

A “yes” answer does not necessarily mean you will not be granted a license; however, the Division may request additional documentation if the information submitted is insufficient.

UTAH PHYSICAL THERAPY LAW EXAMINATION

The references have been provided to assist you in selecting your response. Answer “**true**” or “**false**” for each statement. Do not leave any statement blank.

1. _____ Joint mobilization is defined as the passive and active movements of the joints of a patient, including the spine, but does not include vertebral adjustment and manipulation of the articulation of the spine by those methods or techniques, which are generally recognized as the classic practice of chiropractic. **R156-24a-102 (5)**
2. _____ A physical therapist assistant is permitted to perform up to five home treatments within 30 days following the physical therapist’s last evaluation or treatment. **R156-24a-503 (2)(a) and (b)**
3. _____ A physical therapist aide is not permitted to interpret referrals, perform evaluations, or adjust treatment programs. **R156-24a-503 (5)**
4. _____ Under certain conditions a physical therapist is permitted to diagnosis disease. **58-24a-107**
5. _____ A physical therapist aide is only permitted to work when the physical therapist supervisor is present in the area and immediately available. **58-24a-102(3) and (4)**
6. _____ A physical therapist assistant is permitted to work when the physical therapist supervisor is available for immediate voice communication. **58-24a-102(2)**
7. _____ A physical therapist is permitted to administer pharmaceutical aerosols for pulmonary hygiene in an institutional setting if a licensed respiratory therapist is not available within a 10-mile radius. **58-24a-105(1)(b)**
8. _____ A physical therapist may not influence his patient regarding choice or use of equipment solely for his own financial interest. **APTA Guide for Professional Conduct 7.1.G**
9. _____ A physical therapist is not permitted to release patient information unless the physical therapist has written consent from the patient. **APTA Guide for Professional Conduct 2.3.A**
10. _____ It is unethical for a physical therapist to engage in sexual activity with the patient while a physical therapist/patient relationship exists. **APTA Guide for Professional Conduct 2.1.C**
11. _____ A physical therapist may administer a topical steroid only upon the written prescription of a practitioner licensed to prescribe that drug. **58-24a-105(2)**
12. _____ A physical therapist may possess for dispensing a prescription drug. **58-24a-105(3)**
13. _____ A supervising physical therapist is responsible for any physical therapy service performed by an assistant or aide. **58-24a-112(3)**

AFFIDAVIT and RELEASE AUTHORIZATION

I am the applicant described and identified in this application for licensure or certification or registration in the State of Utah.

I am qualified in all respects for the license/certificate/registration for which I am applying in this application.

To the best of my knowledge, the information contained in the application and its supporting document(s) is free of fraud, misrepresentation, or omission of material fact.

To the best of my knowledge, the information contained in the application and its supporting document(s) is truthful, correct, and complete; and, discloses all material facts regarding the applicant and associated individuals necessary to properly evaluate the applicant's qualifications for licensure.

I will ensure that any information subsequently submitted to the Division in conjunction with this application or its supporting documents meet the same standard as set forth above.

I understand that it is unlawful and punishable as a class A misdemeanor to apply for or obtain a license or to otherwise deal with the Division or a licensing board through the use of fraud, forgery, or intentional deception, misrepresentation, misstatement, or omission.

I understand that this application will be classified as a public record and will be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the Government Records Access and Management Act or restricted by other law.

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, which are set forth directly or by reference in this application, to release to the Division of Occupational and Professional Licensing, State of Utah, any files, records or information of any type reasonably required for the Division to properly evaluate my qualifications for licensure/certification/registration by the State of Utah.

Signature of Applicant: _____

Date of Signature: _____

Printed Name of Applicant: _____